

ENROLLMENT - EMERGENCY CARD  
\*\*2006-2007 Annual Update / Office Copy\*\*

Student Name (Last, First): \_\_\_\_\_ Grade (06/07): \_\_\_\_ Teacher:

Student Birthdate: \_\_ Bus Number: AM \_\_\_\_ PM \_\_\_\_ Lives with: \_\_Mother \_\_Father \_\_ Guardian

Father's Name: \_\_\_\_\_ Mother's Name:

Address: \_\_\_\_\_ Address:

Home Phone #: \_\_\_\_\_ Home Phone #:

Work Phone #: \_\_\_\_\_ Work Phone #:

Cell Phone #: \_\_\_\_\_ Cell Phone #:

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Contacts: List 2 local people who will assume temporary care of your student, if necessary:

1. Name: \_\_ Relationship: \_\_ Phone #:

2. Name: \_\_ Relationship: \_\_ Phone #:

(OVER)

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(For Office Use)

Student ID#: \_\_ Entry Date:

Withdrawal Date:

Please be sure you discuss with your child what to do in the event of an unscheduled early dismissal due to inclement weather or unforeseen circumstances. Therefore, please leave further information for the office on what your child should do for emergencies. This will help us to let your child know what to do if they have any questions. Note: Students will NOT be able to call home in the event of an emergency due to time restraints. All students will be required to take the bus if parents are not here for pick up.

I have discussed emergency situations with my child as indicated

Alternate Destination: \_\_\_\_\_

Field Trips: Medical insurance information is required on all field trip permission slips. If you do not have insurance, a medical waiver will be forwarded to you for your signature at the time of any scheduled trips. Please provide this information below as well:

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Do you have any special concerns or warnings (ex: custody restraints) that should be heeded by school officials concerning the dismissal of your child. If so, please explain:

